

Fee: \$20.00 per Boxing Official Category

**KENTUCKY BOXING AND WRESTLING AUTHORITY
APPLICATION FOR LICENSE
AS A BOXING OFFICIAL**

I hereby make application for a license to officiate at boxing / elimination matches as:

BOXING: Judge _____ Trainer _____ Manager _____ Referee _____ Timekeeper _____ Second _____

In accordance with Kentucky law, applicants for license as a boxing official are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license fee for each boxing official is \$20.00 and must be in the form of a check or money order, made payable to the *Kentucky State Treasurer*. No cash payments are accepted.

(Please Print in Ink) This form must be completed entirely. DATE: _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone (Home) _____

Work _____ Cell _____ Emergency _____

Fax _____ E-mail _____

Date Birth _____ Height _____ ft. _____ Weight _____ lbs.

Occupation: _____ Employer: _____

City _____ State _____ Zip _____

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.

(OVER)

Describe your experience that would support your being granted a license to officiate.

(Continue on a separate sheet if needed): _____

Have you ever held a license to be a Boxing Official for boxing/elimination matches in Kentucky?

☐ Yes ☐ No License # _____

Have you ever been licensed to be a Boxing Official in another state(s)?

☐ Yes ☐ No License # _____ If yes, in what state(s) _____

Have you ever been convicted of a felony? ☐ Yes ☐ No **If yes, please provide details.**

You may use another sheet of paper if necessary.

Date _____ **Offense** _____ **Court** _____ **Disposition** _____

APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY:

I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.

Signature of Applicant

Date

PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

Kentucky Boxing and Wrestling Authority

P.O. Box 1360

Frankfort, Kentucky 40602